



Texas House Committee on Public Health
PublicHealth@house.texas.gov

October 15, 2020

Dear Chair Thompson,

Thank you for the opportunity to comment on the Request for Information for **Charge #2** on behalf of Nurse-Family Partnership (NFP).

Since 2006, NFP has partnered with Texas as a public health nursing intervention designed to improve outcomes for first-time, high risk pregnant women and their children – and has served 17,743 families across Texas over the last 14 years.

About Nurse-Family Partnership

Nurse-Family Partnership pairs nurses with first-time mothers who are low-income (usually Medicaid-eligible) from as early in pregnancy as possible until their babies are two years old to help moms set goals to improve their health, their children's health, and their families' economic self-sufficiency. Traditionally, nurses visit with the mothers one-on-one in their homes for an hour on average approximately every other week. During the home visits, highly skilled and specially trained public health nurses assess mothers' health and their children's health and screen for health, mental health, substance use, domestic violence, and developmental milestones. Nurses also refer mothers to healthcare providers, social services, education, and employment resources and help mothers identify supports among and their networks of family, friends, and the community to reach their hearts' desires. At each visit, nurses work with moms to set small achievable goals from one visit to the next to help moms and their babies thrive physically and mentally, finish their education and find work.

Some of the outcomes documented in our randomized controlled trials include

- 48% reduction in child abuse and neglect
- 56% reduction in ER visits for accidents and poisonings
- 50% reduction in language delays of child age 21 months
- 67% less behavioral/intellectual problems at age 6
- 82% increase in months employed
- 61% fewer arrests of the mother
- 59% reduction in child arrests at age 15
- 46% increase in father presence in household by child age 4

Nurse-Family Partnership Leads the Way with Telehealth During COVID-19 Pandemic

As public health nurses, Nurse-Family Partnership home visitors are undeterred by challenging circumstances whether hurricanes or pandemics. The Nurse-Family Partnership model has effectively integrated telehealth and alternate visit schedules as part of implementation since 2017. Drawing upon our success after Hurricane Harvey where we reached hundreds of mothers to assess their needs and delivered basic needs to moms before disaster relief organizations in many cases, Nurse-Family Partnership jumped into action to keep serving clients during the COVID-19 pandemic.

Pregnant and new moms are craving the credible information and support that NFP nurses provide and moms of toddlers are clamoring for ideas on how to keep their little ones safe and healthy at this time. Even though our nurses can't visit with moms in their homes, they have continued to deliver services via telehealth and alternate visit schedules, including enrollment and pre-natal visits. The NFP National Service Office is providing enhanced guidance and tools for our nurses and agencies, particularly related to mental health, intimate partner violence (IPV), substance use disorder, among other assessments, services, and supports. Through telehealth, Nurse-Family Partnership in Texas had its highest point in time enrollment ever on March 31st with 3,354 mothers enrolled.

NFP even partnered with Verizon during the first months of the pandemic to initiate a program called Phones to Families. This program provided 380 smart phones to families across Texas who needed them to complete telehealth encounters.

Continued Investment

Now more than ever, we need continued investment in Nurse-Family Partnership. For over a decade, the Texas Legislature has recognized the benefits of Nurse-Family Partnership including its outcomes and the return on investment. Every \$1 invested in Nurse-Family Partnership yields up to \$5.70 in savings on government spending. Our nurses are an integral part of the public health landscape for mothers and children in Texas. There are an estimated 38,294 first time births to mothers who are receiving Medicaid across the state who could benefit from Nurse-Family Partnership services, but with limited resources, we currently only reach a fraction of these mothers. That number will only grow as more families fall into poverty due to the economic impact of COVID-19.

We fully recognize that Texas is struggling to fund all public services in the wake of the COVID-19 crisis. However, now is the time to continue to build the critical public health nursing infrastructure that our state needs to prepare, prevent, intervene, offer relief, and lead recovery efforts when crises like COVID-19 occur. Moreover, Texas continues to lead the nation with the highest rates of maternal morbidity and mortality and infant mortality that are even more stark when disaggregated by race, ethnicity, and rural communities. At a time when hospitals and health systems are pulling out of more communities in Texas, we need more public health access, not less.

The Legislature should invest more heavily in public health programs like NFP than ever before so that we can provide quality access to care for mothers and babies covered by Medicaid across the state.

NFP and Medicaid

Texas could expand NFP services by leveraging federal Medicaid dollars for the implementation of NFP and coordinating referral processes from state agencies, MCOs, and other providers to deliver NFP to the most vulnerable moms and babies no matter where they live in Texas.

NFP's proven approach aligns with Medicaid's maternal and child health improvement and cost reduction goals. As NFP nurses use their skill and expertise to detect early warning signs of health problems during pregnancy, post-partum, infancy, and early childhood that can lead to adverse outcomes, they enable significant improvements in families' health and their lives as a whole, which also generates cost savings for the state by preventing unnecessary downstream Medicaid expenditures.

NFP nurses, who serve almost entirely Medicaid-eligible mothers and babies, should be able to bill and be reimbursed by Medicaid. As a public health organization on the frontline of this pandemic, we stand ready to work with the Texas Legislature on any alternative payment and 1115 waiver reimagination models to include the valuable services provided by NFP nurses.

Family First Prevention Services Act

Under the Family First Prevention Services Act, which was signed into law as part of the Bipartisan Budget Act on February 9, 2018, states can use Title IV-E funds to prevent the placement of children and youth into the foster care system through services that provide in-home parent skill-based programs, mental health services, and substance abuse prevention and treatment services. Title IV-E funds can be used in this capacity for 12 months for children who are candidates for foster care and for pregnant or parenting foster youth and may be renewed as needed.

Eligible services must be included in state's plan and meet one of three thresholds: well-supported treatment, supported practice, or promising practice. Nurse-Family Partnership is a well-supported program (the highest possible ranking) as defined by the U.S. Department of Health & Human Services Title IV-E Prevention Services Clearinghouse¹.

Additionally, in 2016, the federal Commission to Eliminate Child Abuse and Neglect Fatalities concluded that NFP had the most robust findings in this area amongst all evidence-based home visiting programs².

¹ <https://preventionservices.abtsites.com/program>

² https://www.acf.hhs.gov/sites/default/files/cb/cecanf_final_report.pdf

On September 1, 2020, DFPS released its Family First Prevention Services Act Strategic Plan,³ and under **Option 2F**, DFPS states that the department can expand existing evidence-based home-visitation programs like NFP with FFPSA funds in Texas.

DFPS states:

These programs are proven to increase parents' protective capacity therefore decreasing the likelihood of their child's entry into foster care. PEI could expand this type of prevention service to families with young children under the age of 6, which data shows this age group as a particularly vulnerable age group at risk of child maltreatment.

In Option 2F, DFPS proposes using these program dollars to fund an expansion that would serve an estimated 620 additional families at a total cost of \$5.2 million over FY22-23; this option is scalable. NFP supports this proposed expansion.

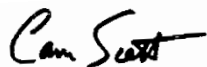
Nurse-Family Partnership believes that a two-generation, primary prevention approach has the greatest potential to positively influence families, break cycles of poverty and abuse, and keep families out of the child welfare system. Upstream programs such as NFP that serve at-risk mothers prenatally can support the child's brain development, reduce toxic stress levels in utero, and promote early improvements for child well-being and welfare.

Summary of Legislative Priorities Related to Interim Charge #2:

With significant potential for Texas to leverage federal Medicaid funding for NFP nurses to serve more families, we respectfully request the committee to initiate the inclusion of NFP in an alternative payment method or 1115 waiver that would also establish a more seamless referral pipeline from HMOs or frontline Medicaid providers.

Secondly, we ask the Committee to approve the implementation of Option 2F of the DFPS Family First Prevention Services Act Strategic Plan, which would increase resources for NFP nurses to serve more expectant mothers currently in foster care – and potentially those at risk of going into foster care.

Thank you,



Cam Scott
Senior Government Affairs Manager

³ https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2020/2020-09-01-Family_First_Prevention_Services_Act_Strategic_Plan.pdf